



PATENT
Atty. Docket No. SIM-001
(7434/2)

RECEIVED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEB 01 2001

APPLICANT(S): Ng *et al.*

TECH CENTER 1600/2000

SERIAL NUMBER: 08/670,119 GROUP NUMBER: 1645

FILING DATE: June 25, 1996 EXAMINER: Hayes, R.

TITLE: Receptor and Transporter Antagonists

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as First-Class Mail, postage prepaid, in an envelope addressed to: Box AF, Assistant Commissioner of Patents, Washington, DC 20231 on this 29th day of January, 2001.

January 29, 2001
Date of Signature
and of Mail Deposit

Thomas Hellenthal

Box AF
Assistant Commissioner of Patents
Washington, D.C. 20231

REQUEST FOR ORAL HEARING

Pursuant to 37 C.F.R. §1.194, Applicants hereby request an oral hearing in the appeal of the final rejection in the above-referenced patent application. An appeal brief was filed on May 15, 2000, a Notification of Non-Compliance with 37 C.F.R. §1.192(c) was mailed on August 1, 2000, a revised appeal brief was filed on August 25, 2000, and the Examiner's answer was mailed on November 29, 2000. Applicants consider an oral hearing desirable for presentation of Applicants' appeal. The fee set forth in 37 C.F.R. §1.17(d) is enclosed herewith, and this request is timely filed, as it is being submitted within two months of the mailing date of the Examiner's answer.

Respectfully submitted,

Daniel A. Wilson
Attorney for Applicants
Testa, Hurwitz, & Thibeault
High Street Tower
125 High Street
Boston, Massachusetts 02110

Date: January 29, 2001

Reg. No. 45,508

Tel. No.: (617) 248-7226
Fax No.: (617) 248-7100

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AF/1645
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PATENT
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Thomas F. Hellenthal

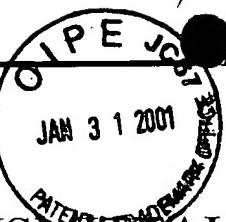
Box AF
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

Transmittal Form (1 page);
Fee Transmittal (1 page) with check for \$135.00;
Request for Oral Hearing (1 page);
Associate Power of Attorney (1 page);
Postcard.

**TRANSMITTAL
FORM**



Application Serial Number	08/670,119	RECEIVED
Filing Date	June 25, 1996	
First Named Inventor	Ng	FEB 01 2001
Group Art Unit	1645	
Examiner Name	Hayes, R.	TECH CENTER 1600 2900
Attorney Docket No.	SIM-001	
BATCH NO. (after allowance)	Not applicable	
Patent No.	Not applicable	
Issue Date	Not applicable	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input type="checkbox"/> Request for Oral Hearing Associate Power of Attorney
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] 		
<input type="checkbox"/> Petition for Extension of Time		
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 		

CORRESPONDENCE ADDRESS

SIGNATURE BLOCK

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

Date: January 29, 2001
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Respectfully submitted,

Daniel A. Wilson
 Attorney for Applicant(s)
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

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FEE TRANSMITTAL
FY 2001 JAN 31 2001



Complaint Known	
Application Serial Number	08/670,119
Filing Date	June 25, 1996
First Named Inventor	Ng
Group Art Unit	1645
Examiner Name	Hayes, R.
Attorney Docket No.	SIM-001

METHOD OF PAYMENT		FEES CALCULATION (continued)		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES		
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
3. <input type="checkbox"/> Applicant claims small entity status.		2,520	2,520	For filing a request for reexamination
FEES CALCULATION				
1. FILING FEE				
Large Entity				
Fee (\$)	Fee Description	Fee Paid		
710	Utility filing fee			
320	Design filing fee			
150	Provisional filing fee			
Number Filed	Number Extra	Rate	Amount	
Total Claims	- 20 =	x \$ 18.00 =		
Independent Claims	- 3 =	x \$ 80.00 =		
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$270.00 =		
TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$ 0)				
2. AMENDMENT CLAIM FEES				
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 80.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$270.00 =		
TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (2) (\$ 0)				
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK		
Direct all correspondence to:		Respectfully submitted, 		
Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Daniel A. Wilson Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110		